

THE NEW YORK HOSPITAL



Payne Whitney Psychiatric Clinic

— *and* —

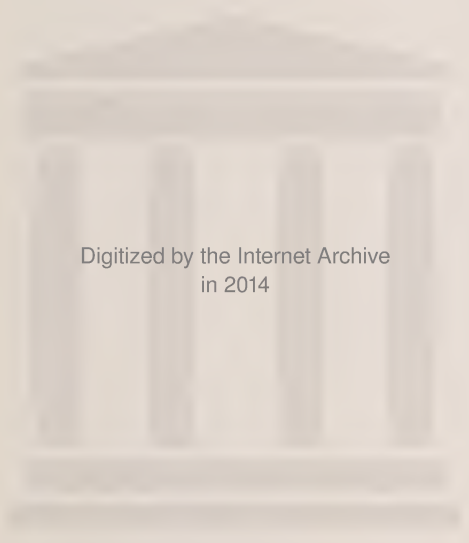
Related Psychiatric Service



ANNUAL REPORT

1938

DEPARTMENT OF PSYCHIATRY



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Cornell Medical
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The New York Hospital

Payne Whitney
Psychiatric Clinic

THE NEW YORK HOSPITAL



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Department of Psychiatry



Payne Whitney
Psychiatric Clinic
and
Interdepartmental
Psychiatric Service



ANNUAL REPORT

1938



DETAIL OF ENTRANCE LOBBY

The Society of the New York Hospital

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Junior Assistant Resident Psychiatrists

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LEO STONE, M.D.

Graduate Clerk to Out-Patients in Psychiatry

DANIEL F. BROPHY, M.D.

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Chief Social Worker

MELLY SIMON

* Member of the Staff of the New York Hospital—Westchester Division.

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ELEANOR CORRIGAN, R.N.

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FLORENCE M. HARVEY, B.S., R.N. ETHEL OATMAN, R.N.
 ELEANOR LEWIS, B.A., R.N.
 (Out-Patient Service)

Chief Occupational Therapist
PAULINE G. GUNDERSEN, Reg. O. T.

Chief Physical Therapists
KATHERINE KELLY, B.S. HARRY E. LAWSON, B.S., M.A.
 (acting)

Chief Hydrotherapist
CAMILLE E. GAUTE

Dental Hygienist
LOUISE P. HOFF, D.H.

Chief Dietitian
SUSAN N. PAIGE, B.S.

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A CORNER OF THE GARDEN



ART STUDIO OF THE OCCUPATIONAL
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THE GYMNASIUM IS PART OF THE EIGHTH FLOOR
RECREATIONAL FACILITIES

ANNUAL REPORT

DEPARTMENT OF PSYCHIATRY

To the Board of Governors of The Society of The New York
Hospital:

GENTLEMEN :

We have the honor of presenting herewith the report of the Department of Psychiatry in New York for the year ending December 31, 1938. The material is arranged in four major divisions and includes details regarding (1) In-Patient Service ; (2) Out-Patient Service ; (3) Psychiatric Service to the General Hospital ; and (4) Educational and Investigative Activities. Appended to the report is a series of statistical tables which may be of interest.

PAYNE WHITNEY PSYCHIATRIC CLINIC

1. IN-PATIENT SERVICE

Admission of Patients

During the year, 325 patients received treatment in residence, accumulating a total of 23,738 patient days in the Clinic, some 700 more than in 1937. Of the group, 267 were new admissions, including 180 women and 87 men. Twenty-three of these patients were readmissions to the resident service. The preponderance of admissions of women has followed a tendency which has been prevalent in recent years, and is common to other private psychiatric hospitals where the economic aspect is probably an important factor. A review of the total number of applications for admission confirms this trend, as requests for the admission of 319 women and 164 men, approximately a ratio of 65 to 35, were received. This numerical difference has required reassignment of the originally planned room allotments in the Clinic, but this is not considered permanent, and modifications depending upon the current census may be made from time to time. Toward the end of the year, six floors were occupied by women and two by men.

Patients are not admitted without a preliminary review of their problems, unless an emergency exists. Experience has shown that adherence to this rule prevents misunderstandings by both patients and relatives, and helps to maintain the selective policies of treatment so necessary in a progressive psychiatric organization. Patients are referred from many sources, but as in the past the majority came from physicians in private practice. This year 341 cases were so referred for consideration, and 199 patients, or 74.5 per cent of the total admissions, were accepted. All together 187 applications were declined as unsuitable for various reasons. Of these, 69 were men and 118 were women, approximately 50 per cent of whom would not have profited by treatment because of the long duration of their mental disorders, or the chronicity of symptoms. A limited number of patients were declined whose education and life interests would have made it difficult for them to obtain benefit

from group therapy, particularly the social and recreational programs. A few patients were admitted for diagnosis and recommendations leading to future hospital care, while certain others with interesting clinical problems were admitted for study and teaching purposes.

As in former years, the majority of patients accepted for treatment were suffering from a so-called functional type of disorder. (See Table II of appendix for statistical classifications.) In such cases emotional difficulties assume an important role, and are not ordinarily related to organic changes in the brain. Thinking disorders and distortions of judgment are common in these conditions, but are not to be confused with states of mental deficiency.

Eighty-four patients had a manic depressive illness, 71 were classified as schizophrenics, 34 belonged to the psychoneurotic group, and 18 had an involutional melancholia. These four groups, combined, represented 77.5 per cent of the total admissions. Eleven patients were treated for acute episodes developing upon a background of life-long emotional instability, usually called psychosis with psychopathic personality. Eight others with similar personality reactions had problems related to alcohol or other toxic factors. Numerous applications for the admission of alcoholic patients were received, but unless a contributing nervous or mental problem was apparent, the cases were declined. A total of 15 were admitted, eight of whom had a definite psychosis associated with alcohol, while the others presented neurotic elements as important features in the clinical problem.

A few other statistical data in regard to the admission group may be of interest. The average age of those admitted was 38.4 years for men, and 39.3 years for women. Twenty-one of the patients were minors, including one 12-year-old child, one 14-year-old, and three others 15 years of age. Sixty-six, or 24.7 per cent, of the patients had at least a partial or complete high school education, while 180, or 67.4 per cent, had attended colleges or universities. Sixteen were still students. As in previ-

ous years, the occupations of the group were predominatingly business and professional in character. Among these were 31 business executives, 16 teachers, 10 writers, 8 physicians or dentists, 9 nurses, and 8 salesmen. The responsible relatives of those without a formal occupation came from similar groups. Of the total admissions, 40.2 per cent of the men, and 35 per cent of the women were unmarried, and 13.1 per cent were widowed, separated, or divorced.

*Discharge
of Patients*

During the year, 249 patients were discharged, including 81 men and 168 women. The average period of treatment for the group discharged was approximately 88 days, although 62.5 per cent left the Clinic under this period of time, including 52 (20.9 per cent) who remained for a thirty-day period or less, and 62 others (25 per cent) who remained under sixty days. Relatives, as well as patients, often find it difficult to reconcile themselves at first to this element of time so essential in the care and treatment of nervous and mental conditions. The difficulty in understanding this is related undoubtedly to comparisons made with the average period of time a patient may spend in a general hospital with a physical disorder. In physical disorders semi-convalescent and convalescent treatment may be carried out at home, whereas in the mentally-sick person important treatment procedures, including psychotherapy, obtain best results in the hospital after the initial or acute symptoms have begun to subside. However, patients are not permitted to remain in the Clinic for further treatment after a thirty-day period unless they are willing to do so.

Of those discharged, 161, or 64 per cent, left with their relatives or friends, while 14 others left the Clinic unaccompanied. Thirty-seven patients were transferred directly to the New York Hospital-Westchester Division, at White Plains, where more diversified outdoor facilities are available for patients whose convalescence is to be prolonged. Thirty-two patients were transferred to other private or public hospitals. Eighteen patients, fewer than in 1937, left the Clinic against advice,

indicating a better understanding on the part of relatives as to the seriousness of early discharge, which often may result in a serious relapse, or even the tragedy of suicide. The three deaths in the Clinic during the year were due to natural causes related to the age of the patients.

The results obtained from treatment were somewhat better than in previous years. Eighty-four patients had entirely recovered, or had made a satisfactory social adjustment, while 110 others had improved at the time of their discharge. Thus a total of 194, or approximately 78 per cent of those discharged, had benefited by their residence in the Clinic.

Clinical Service At the time of admission patients are sent directly to an appropriate admission floor, depending upon the nature and intensity of their illness. An experienced resident psychiatrist is assigned to study the patient and to prescribe and direct the treatment. The first approach is a thorough physical examination followed by a detailed study of the history of the illness and its background. This physician, ordinarily, is responsible for the patient's care and progress throughout the treatment period in the Clinic. However, many factors relating to treatment in a psychiatric clinic need consideration, and part of the assigned physician's duties is to correlate these sources of therapy to the best advantage for his patient. A brief review of these various aspects of treatment may be of interest.

Physical Studies The initial examinations by the resident psychiatrists are reviewed by the consulting internists and their findings, together with various special examinations by other members of the professional group of the general hospital, are promptly entered in the patients' records. During the year Dr. Roper and Dr. Cussler, or their substitutes, performed 233 routine physical examinations and provided 107 medical consultations. Dr. Douglas, obstetrician and gynecologist, examined 171 women, while Dr. McAuliffe, otologist, and Dr. Berliner, ophthalmologist, made 378 and 329 examinations

respectively. Dr. Wolff, neurologist, made 17 special neurological examinations. The various examinations as enumerated indicate the close correlation between the psychiatric service and the general hospital, and this cooperation has had much to do with the maintenance of good standards of care and treatment in the somatic approach to the patients.

In addition to these physical studies a laboratory service in the Clinic is supplemented by the general laboratories of the main hospital, where all Wassermann reaction tests for Clinic patients are performed. In our own laboratory the full-time technician made over 3,000 examinations related to routine and special studies on the clinical service.

The dental department in the Clinic provides special examination and care of patients' teeth. A full-time dental hygienist sees the patients regularly, and gives dental prophylaxis and hygiene instruction to all new patients. As in previous years, Dr. Sniffen from the Westchester Division, has done the routine dental examinations and the dental work as required. About 700 patients' visits were made to Dr. Sniffen, and 800 to the dental hygienist during the year. Although the dental work has increased each year, and charges are made as warranted, more free dentistry was provided this year than in any former period.

Psycho- therapy

This important aspect of treatment is not easily defined. It is an accepted psychiatric principle that the patient's somatic reactions, his emotional life, and his intellectual state, are all more or less integrated in the average individual. For instance, the attention given to the patient's physical condition, which has already been described, is only an introduction to the patient-physician relationship, which marks the beginning of psychotherapy. The physician spends many hours of intensive study with his patient, gradually collecting data in regard to the individual's total behavior. His personality patterns are reviewed systematically, and the various factors which may or may not have played an important role in the patient's illness are carefully evaluated. Even-

tually the specific symptoms that are expressions of the patient's problems are brought into focus, where understanding and insight are gradually acquired.

The organization of the present staff activities in relation to the treatment of patients includes three formal conferences a week, at which the life history of a patient is presented for diagnosis and recommendations as to future therapy. The patient also attends these medical conferences and is given an opportunity to discuss his problems before the staff, thus assuring him the mature opinion and collective judgment of the entire medical group. As a corollary to these formal meetings, the resident psychiatrists have conferences with the Psychiatrist-in-Chief and the Medical Director, who recommend and supervise the general policies of treatment and administration.

Nursing Service

The policy of maintaining graduates only on the service has continued, even though it has been difficult to obtain properly qualified psychiatric nurses. The nurse not only requires a basic training in her profession but must also have certain personality assets including unusual tact, emotional stability, and an intuitive understanding of people if she is to contribute her part toward maintaining the morale and efficiency so difficult to obtain at times with groups of patients under treatment for mental troubles. For instance, prolonged baths and therapeutic packs, which are given frequently by the nurse, usually suggest restraint to the patient unless properly administered. The nurse needs to have not only proper technical skill but an ability to obtain the patient's cooperation, which usually represents a positive factor psychologically. The nurses represent an important correlating service between the other units, and often attend with their patients occupational therapy, recreational activities, and the hydrotherapeutic department, as well as all clinics where the patient's physical condition is being reviewed.

During the year 26 students from the School of Nursing of the New York Hospital received a four-months' course in

psychiatric nursing in the Clinic. Six post-graduate nurses had a similar eight-months' course.

***Dietary
Service***

This service has continued under the direction of the dietitian and a full-time assistant. The department is responsible for the regular service of meals, and also for the special diet kitchen where a daily average of 26 specially planned diets and 28 daily nourishments were prepared and served to patients during the year. In addition to the 71,200 meals served to patients, approximately 2,500 meals were provided the children and teachers in the Nursery School. Refreshments and service were also furnished for 53 special functions, including parties, teas, and various professional meetings. The birthdays of 31 patients were appropriately recognized with candle-lit birthday cakes at dinner. This friendly gesture to patients has helped maintain a spirit of encouragement and good feeling, of value not only to the patients concerned, but to their immediate associates.

***Occupational
Therapy***

The occupational therapy rooms have continued invaluable as in the past, and have become even more popular. The chief of the department, and three full-time assistants, provided the teaching and direction for all patients. Until this year classes were restricted to men and women at alternate periods, but a trial hour for a mixed group has worked out well, and this class now has a regular period daily. The majority of the patients attended convalescent or semi-convalescent classes. Others received special attention, and if they were too sick to go to the classrooms were given occupational therapy instruction on their floors. Over 1,100 classes were held throughout the year, and 1,650 visits made to patients on their floors. A varied assortment of articles, totalling 3,200, were made by the patients.

Training in occupational therapy was given to 29 nurses, and to visiting occupational therapists from different parts of the United States, and from Scotland, England, Canada, and Australia.

**Physical
Therapy and
Hydrotherapy**

This has also been an important part of the treatment provided patients with nervous and mental disorders. It includes various types of light and heat therapy, local and general massage treatments, and the more formal hydrotherapeutic baths, showers, and sprays. A special department for the women patients is directed by a part-time woman physiotherapist, who has a part-time assistant. For the men, the full-time director of men's recreation is also responsible for this special type of therapy. Including 5,800 therapeutic packs and prolonged baths given by the nurses, a total of 16,500 individual treatments were prescribed during the year.

**Recreational
Therapy**

Included in this department are the various group activities which take place on the eighth floor, where the gymnasium and sports rooms are located. Special attention provided new admissions and the sicker patients is carried out here as well as on the patients' floors. Three full-time recreational therapists provide direction and supervision. Men's and women's groups are divided, but the Clinic does not have separate facilities for each, so that careful thought has to be given to the planning of recreational schedules that do not conflict. Over 900 formal classes were held during the year, with approximately 20,000 group and individual games, calisthenics, and gymnastics. Badminton proved to be most popular.

In addition to these activities the recreational directors have the responsibility for the weekly entertainments. The patients enjoyed about 100 evening recreational programs including concerts, lectures, moving pictures, dances, teas, and group singing.

Part of the more informal outlets for the patients is provided by three regular visiting days a week, when those who are not well enough to leave the Clinic floors are visited by relatives and friends. Others who are convalescent have the privilege of short visits outside or at home, some for weekends. The frequency and extent of visits to patients are regulated by the medical judgment of the doctors, as the emotional problems of mentally-



ONE OF THE DINING ROOMS



A PATIENT'S BEDROOM

sick patients are often closely related to the family situation. The extent of this phase of treatment is indicated by the fact that almost 12,000 visits to patients were recorded for the year.

2. OUT-PATIENT SERVICE

Organization As in former years the general policy has remained of treating ambulatory patients of moderate means who are unable to afford private care. Patients were selected from the point of view of therapeutic possibilities. Considerable restriction in the admission of patients for treatment is necessary to prevent overcrowding which would result in too brief and not intensive enough treatment. Every patient is examined by a senior member of the staff, and suitable patients are selected for special treatment. In the remaining number, the adjustment of difficult life situations is attempted through relatively brief consultations and often with the help of the social workers.

Attendance During the year, 469 adults and 169 children were admitted. There was a slight decrease in the total number of new patients from 703 patients in 1937 to 638 patients. This decrease is explained by the higher number of reinstatements of previously treated patients. The total number of patient visits, which is the true indicator of the therapeutic activities, has remained approximately the same as in the previous year (6,151 visits). The number of reinstatements is expected to increase rather than decrease in future years. Many patients suffer from recurrent types of illnesses for which they need to return for treatment after an interval of years of good health. Others improve sufficiently to resume an active life without medical guidance. Under additional strain in life, old symptoms may return, however, or present symptoms increase to an extent which necessitates renewed treatment.

Source of Patients During this year there has been a slight decrease in patients who were referred to the Department of Psychiatry from other out-patient departments of the New York Hospital. Four hundred five (63 per cent) of all the patients registered for treatment belong to this group,

including 157 children from the Pediatric Service. Physicians in private practice referred 110 patients, or 16 per cent of the total. The remaining 76 patients were referred by other medical organizations, social agencies, and schools. A few former resident patients, following their discharge, continued to receive psychotherapy in the Out-Patient Department.

***Relations
with Other
Services***

The decrease in referrals from the other out-patient departments is apparently due to the daily attendance of at least one psychiatrist in the Medical Out-Patient Department. This psychiatrist sees all the patients who suffer from an acute psychiatric condition and arranges for hospital admission when necessary. He studies patients with psychiatric problems, consults with the clinicians referring the case to him, and outlines the treatment which, whenever possible, is carried out under his supervision by the referring physician. Another type of patient who needs specialistic psychiatric treatment is treated by the psychiatrist himself, and the results are later fully discussed with the other physicians. This demonstration of psychiatric treatment to the physicians in the Medical Out-Patient Department does not merely stimulate their interest in the individual personality problems, but is an important graduate education for them in psychotherapy. The active interest and cooperation by the entire medical group are proof that the psychiatrist is filling an important and long-felt need. This has helped to overcome any existing tendency toward separation between psychiatry and internal medicine. Monthly medical-psychiatric meetings are used to demonstrate various psychotherapeutic procedures with which the internist should be familiar. Indications and contraindications of psychiatric treatment by the internist are fully discussed on each patient. The result is therefore not an ill-advised application of psychiatric treatment by the internist, but a procedure based on his sound grasp of the fundamental principles.

Three hundred twenty-nine patients were studied and treated in 473 visits by the psychiatrists in the Medical Out-Patient

Department. The two psychiatrists attached to the Pediatric Out-Patient Service studied 326 children in 599 visits. A considerable number of these children were referred to the children's division of the Psychiatric Out-Patient Department for intensive treatment. Many patients received the indicated treatment without having to be referred. The policy here has also been to discuss the child's problems with the pediatrician and to invite him to participate actively, whenever possible, in the study and management of these problems. A psychiatric study of the prophylactic clinic led to changes in pediatric routine which increased considerably the efficiency and ease in the handling of these children. The modifications in procedure were designed to reduce the anxiety of the children. It is obvious that the psychiatrist in a pediatric department not only needs to study the child, but must spend considerable time in discussions with relatives who may often be in greater need of treatment than the child. It is necessary to give additional time to the social workers. The number of patients, therefore, frequently does not give a complete picture of all the psychiatric activities.

Social Service The activities of this department are presented in connection with the report of the Out-Patient Department because the social workers are especially important in the study and treatment of these ambulatory patients. It should, however, be kept in mind that social service is not only good for the underprivileged, but offers important facilities for the privileged patients. The social worker may help in the study of social factors and in the adjustment of environmental difficulties. In contrast to other psychiatric procedures, it has been our policy that the psychiatrist remain in full charge of treatment and that the social worker give therapeutic help under his direction. With the changes in our social and economic conditions, it has become increasingly difficult to find suitable occupations for our patients. The social worker is therefore also consulted for the planning of a constructive life for some of our resident patients.

It is most likely that this valuable service will be increasingly utilized for resident patients in finding for them occupa-



ONE OF THE WAITING ROOMS OF THE
PSYCHIATRIC OUT-PATIENT DEPARTMENT

tional and recreational facilities and desirable living conditions. This expected increase of demands can be met only by adding at least one more social worker. At present, one social worker is attached to the adult service and one to the children's service of the Psychiatric Out-Patient Department. Two social workers are assigned to assist the psychiatrists in the Pediatric Out-Patient Department. The need for the social worker is especially great in the psychiatric treatment of children where the physician must depend on social service for coordinating the patient's progress with that of the parents, for securing the cooperation of the schools, for obtaining fuller history material, for clarification and alleviation of environmental influences, and for constructive use of resources in the community.

The social workers gave service of varying intensity to 199 individual cases. Five hundred fifty-three cases, where continued case work was not indicated, received slight service. Two hundred eighty-two visits were paid to patients in their homes or to outside agencies. Three hundred twenty-one agencies were used during the year in 1,798 contacts. In all 3,803 interviews were made by the staff during this time.

3. PSYCHIATRIC SERVICE TO THE GENERAL HOSPITAL

During the first few months of the year the need for an extension of the psychiatric service to the medical pavilions became obvious. On July first a full-time attending psychiatrist was appointed to take care of all these consultations, to carry out psychiatric treatment of medical patients whenever it seemed indicated, and to further the graduate teaching program. The results obtained have been most gratifying and the outlook for future progress is promising.

Medical Consultations Having a psychiatrist in the medical pavilions who has become a part of the whole group and who is readily available, offers an opportunity for informal discussion of many minor problems. Due to this change, there has been an increase in psychiatric studies in the medical service from 147 in 1937 to 192 in 1938. The treatment

of patients in this service has necessitated 393 additional therapeutic interviews. As it was outlined in last year's report, many of these patients suffer from minor personality difficulties and worries which are not usually brought to the attention of a psychiatrist. In other patients, the complaints are due entirely to emotional interference with the functions of the body. In a third group, both physical and emotional factors are important and treatment along both lines is indicated.

The goal has remained to assist in the gradual training of the internists by inclusion of psychiatric methods and treatment. It is our intention not to expand psychiatry to take over part of internal medicine, but to take care of present needs and to further the psychiatric knowledge of the internist so that he is in a better position to study and treat the personality aspects of his patients.

Some patients with psychiatric problems who require further treatment after discharge from the in-patient service are seen in the follow-up clinic of the Medical Out-Patient Department by the respective members of the medical resident staff and the psychiatric consultant. Other patients who need primarily psychiatric treatment are treated by the same psychiatric consultant on his afternoon in the Psychiatric Out-Patient Department. Since the beginning of October, when these additional facilities became available, 9 patients were treated by the psychiatrist in 10 visits in the follow-up clinic. He treated 7 former medical in-patients in the Psychiatric Out-Patient Department in 17 interviews.

In the entire general hospital 317 patients have been studied by the psychiatric consultants and 480 revisits were necessary. The total number of visits, which amounts to 797, demonstrates clearly the extent to which the value of psychiatry is recognized by the members of the various departments. It has led to an integrated form of study and treatment which is considered a most important step forward in medical treatment. The extensive consultation service of the various departments of the New York Hospital to the resident patients in the Payne Whitney

Clinic and the activities of the psychiatrists in the Medical and Pediatric Out-Patient Departments have also helped greatly in establishing a close cooperation. The benefits are seen clearly in the better study and treatment of the individual patient, in a broader education of the graduate staff, and in combined research enterprises.

4. EDUCATIONAL AND INVESTIGATIVE ACTIVITIES

Education The graduate teaching in psychiatry has not been changed in any essential way. It is our attempt to develop further the four-year program which was discussed at length in last year's report. Fundamental training in medicine is considered of utmost importance. The staff is carefully selected from the point of view of personal suitability for psychiatric studies and treatment as well as general medical experience. Each new member had completed at least one year's resident training in medicine. Some had spent two or more years in general hospitals and in neurological services.

Formal and informal education are combined through staff meetings and individual discussions with the more experienced members of the staff. The staff meetings consist of clinical discussions of the individual patients and research discussions of the current investigations of the members of the group, and of special selected topics. Through their study of patients in the general hospital and in the Psychiatric Out-Patient Department, the older members of the resident staff have an opportunity to become acquainted with psychiatric problems in general medicine and in psychiatric practice.

Considerable progress has been made in the graduate education in psychiatry of the members of the medical and pediatrics staff. The teaching is carried out through informal discussions of individual patients and in staff conferences. As in the past, this graduate education relates to the resident as well as the attending staff. This educational program in pediatrics has again received support from the Commonwealth Fund.

The teaching of the students of the Cornell University Medical College has been continued as in previous years. Several changes deserve to be emphasized. The whole second-year course was given at the Manhattan State Hospital. The State Hospital staff selected such a large number of suitable patients that every student had an opportunity to examine patients at every session. We wish to express to Dr. Merriman, the Superintendent of the Manhattan State Hospital, our gratitude for making available to our department these excellent teaching facilities. This practical course now compares well with the corresponding courses in medicine and in pathology. Due to the progress of psychiatric activities in the general hospital, an increasing number of patients from the medical pavilions are selected for psychiatric teaching. This change is highly desirable as it allows the student to become familiar with the problems which he will meet later in practice. It will also help him to develop an attitude of taking each patient as an individual person who needs to be studied from every point of view. The students who serve as clinical clerks in the medical pavilions study their patients together with the psychiatric consultant. The fourth-year students receive also instruction in some of the aspects and problems of social service.

The undergraduate and graduate teaching of nurses has continued to receive much attention. In addition to formal lectures by the medical and nursing staff, the student nurses were instructed individually in the practice of nursing care. In graduate education, informal discussions were used.

Library The departmental library has been developed further during the year. One hundred eighty-one single volumes and 186 bound periodicals were added. The library now consists of 1,478 books and 1,338 volumes of bound periodicals. The historical group includes quite a few rare books which are important for study in the history of psychiatry and of medicine. The library is used freely by the members of the psychiatric and the hospital staff and by students of the medical college. The bibliographical index proves to be of increas-

ing value. It consists of about 5,000 author cards and about 6,700 cards which are filed according to important subjects. They allow an orientation with regard to publications in connection with a special topic.

***Psychological
Department***

The psychological department has developed considerably. Interesting studies by Dr. Jacobsen with metrazol on monkeys resulted in valuable leads which may be followed up later. These studies demonstrated experimentally that the convulsions cause considerable behavior disorders for a period of several hours after the occurrence of the convulsion, and that the possibility of permanent brain damage cannot be ruled out. These experiments, as well as clinical observations on patients who have been treated elsewhere with metrazol, made us hesitate to recommend and apply this therapeutic procedure here. It is hoped that further research along the fundamental lines of neurophysiology and psychology will lead to a safer procedure for obtaining the effects which are considered desirable in the current convulsive treatment.

Dr. Jacobsen resigned at the end of the academic year to accept the professorship of psychobiology at the Washington University Medical School at St. Louis. His successor, Dr. Norman Cameron, has been trained in psychology as well as psychiatry. During the last few months he has organized the experimental work for the study of psychopathology. In the past, his research work has dealt especially with disorders of thinking and memory. Tests which are planned will lead to a further understanding of these frequent and important disorders in psychiatric patients.

Dr. Cameron's studies link up with Dr. Despert's investigations in the Nursery School where the development of the various personality functions is studied in children during the period from the age of two to five years. Through careful records, which compare well with psychiatric hospital records, the child's behavior during his stay in school is charted. Addi-

tional notes of the teachers illustrate by detailed description any unusual or interesting occurrences. Special planned plays of varying types, which offer the children an opportunity to express themselves freely, can be repeated under controlled conditions. These experimental plays have been an excellent means to understand and investigate the children's intellectual and emotional development, group relationship, and their attitude to themselves, their bodies and the somatic functions. As the children somatic remain from 9 a. m. to 3 p. m., it is possible to evaluate the influence of fatigue and hunger on their play activities and general behavior. The liberal support of the Child Neurology Research (Friedsam Foundation) has made it possible to continue these studies for a second year.

The clinical psychological service has been continued by Dr. Benton. As usual, the largest number of psychometric examinations were given to children. Of the 398 patients examined, 333 were under the age of sixteen. Two hundred four children were studied in the Pediatrics Out-Patient, and 28 in the In-Patient Department. In addition, all the children in the Nursery School were given tests. A considerable number of infants were studied in the "well-baby" clinic of the Department of Pediatrics. Dr. Benton and a member of the pediatric staff were interested in the psychological and physical development of premature babies.

Clinical Investigations Clinical psychiatric research work was pursued by all the members of the attending staff. Various psychopathological studies have been continued; such as, the problems of fear and tension and of suicide. Investigations on disorders of memory, retention, and grasp were started last fall. The development of an index of the clinical histories, as a parallel to and amplification of the established index of current psychiatric literature in the library, has been undertaken. A similar index has been worked out for all the children who have been studied in the pediatric department. These undertakings are considered important research work in psychopathology. Without such organization of all the mate-

rial, no satisfactory clinical research work is possible. Furthermore, progress in treatment depends to a large extent on past clinical experience. Through these groupings, interesting possibilities for future studies have become obvious.

The investigations of menstrual disorders and endocrinological reactions, studied primarily in connection with depression, have led to a clarification of the therapeutic value of hormone treatment in depressions and menopausal reactions. Originating from the study of the influence of self-induced starvation on menstruation in psychiatric patients, a broader study of the psychopathology of voluntary starvation resulted. This reaction occurs not infrequently in adolescent girls and is little understood psychologically. These patients, as well as those in whom the influence of emotional factors on thyroid functioning is studied, are found primarily in the Medical Department. The research work is carried out jointly by the internist and the psychiatrist.

Clinical studies on children were directed toward gaining an understanding of the personality factors involved in asthma sufferers. The mental hygiene aspects in the "well-baby" clinic, the mother-child relationship in physical illnesses, and studies of sex hygiene form part of an important group of investigations.

Laboratory and experimental research is still handicapped by insufficient funds. However, through the support of Mrs. Barklie Henry, it was possible to continue the psychological studies on animals. Through her generosity, an informal meeting of several days' duration was arranged for a broad review of research in psychiatry. Leading scientists and investigators from the various fields of medicine, genetics, and sociology were invited and contributed most actively to the discussions.

**Addresses
and
Publications** The members of the staff participated actively in many meetings. The New York Society of Clinical Psychiatry met at the Payne Whitney Clinic and studies were presented by Drs. Henry, Rahman and Ripley. At the district meeting of the New York State Medical Society at the New York Hospital, an entire afternoon

was given to psychiatric discussions which were well attended. At the annual meeting of the American Psychiatric Association contributions were read by Drs. Diethelm, Jameison, and McNeil. A brief listing of some of the papers read before various other groups illustrates the many interests and contacts of the members of the Department. Such addresses were delivered by Dr. Benton before the American Psychological Association, by Dr. Diethelm at the Section of Neurology and Psychiatry of the Academy of Medicine, by Dr. Dunn before the Charity Organization Society, by Dr. Greenacre before the New York State Conference on Social Work, by Dr. Henry before the American College of Physicians, by Dr. Huschka before a meeting of the Organized Medical and Dental Professions of Greater New York, and before the Division of General Education, New York University.

The following articles were published :

1. BENTON, ARTHUR L.: The performance of pre-school children on the Kohs block design test. *Journal of Genetic Psychology*, 1938, 53, 231-233.
2. BENTON, ARTHUR L.: Performances of school children on the revised Stanford-Binet and the Kent E-G-Y test. *Journal of Genetic Psychology*, 1938, 52, 395-400.
3. DIETHELM, OSKAR: Psychobiology as a basis for psychopathology. *Proceedings of the Fourth Conference on Psychiatric Education*, 1938, 179-183.
4. DIETHELM, OSKAR: Symposium on anxiety conditions. *Journal of the Connecticut State Medical Society*, 1938, 2.
5. DIETHELM, OSKAR: Treatment of psychoneuroses. *Journal of the Connecticut State Medical Society*, 1938, 2.
6. GREENACRE, PHYLIS: Discipline between six and twelve. *Child Study*, January, 1938.
7. HENRY, GEORGE W.: *Essentials of psychiatry*, 3d ed. Baltimore, Williams and Wilkins, 1938.

8. HENRY, GEORGE W. (with Alfred A. Gross): Social factors in the case histories of one hundred underprivileged homosexuals. *Mental Hygiene*, 1938, 22, 591-611.
9. HENRY, GEORGE W.: The toxic-infectious-exhaustive psychoses and the intermediate conditions (epilepsy and Korsakow). *Proceedings of the Fourth Conference on Psychiatric Education*, 1938, 80-83.
10. HUSCHKA, MABEL: The incidence and character of masturbation threats in a group of problem children. *Psychoanalytic Quarterly*, 1938, 8, 338-356.
11. HUSCHKA, MABEL (with Owen S. Ogden): The conduct of a pediatric prophylaxis clinic. Modifications in procedure designed to reduce the anxiety of children. *Journal of Pediatrics*, 1938, 12, 794-800.
12. HUSCHKA, MABEL (with Benjamin Spock): The psychological aspects of pediatric practice. *The Practitioners Library of Medicine and Surgery*, 1938, 13, 757-808.
13. RIPLEY, HERBERT S. (with George N. Papanicolaou and Ephraim Shorr): Inhibitory effects of male sex hormone on human menstruation and their evaluation by vaginal smears. *Proceedings of the Society for Experimental Biology and Medicine*, 1938, 37, 689-692.
14. RUSSELL, WILLIAM L.: Report on care and prevention of mental illness. *New York State Journal of Medicine*, 1938, 38.
15. TITLEY, WILLIAM B.: Prepsychotic personality of patients with agitated depression. *Archives of Neurology and Psychiatry*, 1938, 39, 333-342.

CHANGES IN THE MEDICAL STAFF

Dr. Carlyle F. Jacobsen left our staff at the end of the academic year to become Professor of Psychobiology at the Washington University School of Medicine at St. Louis. Dr. Edwin E. McNiel resigned on September 30, 1938, to accept the

position of Director of the Hawaii Mental Health Clinic at the Queens Hospital, Honolulu, T. H. Dr. Norvelle C. LaMar assumed private practice in child psychiatry in New York. However, he remained connected with our department in a part-time position which allows him to continue his research and teaching activities. Dr. Robert W. Webb left to enter private practice at Dallas, Texas, at the termination of his period of residence.

The new members of the staff include Dr. Norman Cameron, Dr. Charles Bohnengel, Dr. William E. Moore, and Dr. Francis J. Hamilton.

FINANCIAL COMMENTS

The income of the Department, derived from patients' charges, special endowments, contributions from Mrs. Barklie Henry, and grants from the Commonwealth Fund and the Child Neurology Research (Friedsam Foundation), has been sufficient for the current expenses during the year. In keeping with the established policy of accepting suitable cases for treatment irrespective of their ability to pay, a large majority of the patients were admitted at less than the actual weekly per capita cost. However, special funds or additional endowments are needed for further extension of research activities.

CONCLUSION

We wish to express at this time our appreciation of the cooperation and service rendered to the Department of Psychiatry by the medical and nursing staffs, as well as other members of the personnel. We also wish to express our gratitude to the members of the Payne Whitney Psychiatric Committee for their valuable advice and encouragement given so freely throughout the year.

Respectfully submitted

(Signed) OSKAR DIETHELM
Psychiatrist-in-Chief

(Signed) GERALD R. JAMEISON
*Associate Psychiatrist
and Medical Director*

TABLE I

MOVEMENT OF POPULATION OF THE PAYNE WHITNEY
PSYCHIATRIC CLINIC

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Patients in residence, December 31, 1937.....	17	41	58
Admitted	87	180	267
Average daily census.....	20.5	43.6	64.1
Total patients treated.....	104	221	325
Discharged	81	168	249
To self	6	8	14
To relatives and friends.....	48	113	161
To New York Hospital — Westchester Division	14	23	37
Transferred to other hospitals.....	9	23	32
To main hospital.....	2	....	2
Discharged against advice.....	11	24	35
Results:			
Recovered	5	19	24
Much improved.....	33	77	110
Improved	20	44	64
Unimproved	21	27	48
Died	2	1	3
Remaining December 31, 1938.....	23	53	76
Capacity of Clinic (Adults).....	21	67	88*

* Total bed capacity does not change, but available space for men and women may be increased or decreased depending upon current requirements.

TABLE II
STATISTICAL CLASSIFICATION OF ADMISSIONS

	Men	Women	Total
I. ORGANIC GROUP			
Psychosis with cerebral arteriosclerosis	3	7	10
Senile Psychosis.....	....	2	2
General Paralysis.....	1	....	1
Psychosis with organic brain disease (deterioration)	2	....	2
Psychosis with brain tumor (confusion with depression).....	1	....	1
	7	9	16
II. TOXIC AND SOMATIC DISEASE GROUP			
<i>Psychosis due to alcohol</i>			
Confusion and deterioration.....	3	1	4
Delirium tremens.....	1	1	2
Paranoid reaction.....	....	2	2
	4	4	8
<i>Psychosis due to drugs.....</i>	1	2	3
<i>Psychosis with somatic disease</i>			
Confusion following pneumonia....	1	....	1
With cardio-renal condition (confusion) .....	....	1	1
With acute chorea (confusion)....	....	1	1
	1	2	3
III. FUNCTIONAL GROUP			
<i>Manic-depressive psychoses</i>			
Manic reaction.....	4	10	14
Depressed reaction.....	14	29	43
Circular type.....	5	13	18
Mixed type	1	8	9
	24	60	84
<i>Dementia Praecox (Schizophrenia)</i>			
Paranoid type.....	17	24	41
Catatonic type.....	8	15	23
Hebephrenic type.....	2	....	2
Simple type.....	....	1	1
Mixed type.....	1	3	4
	28	43	71

	<i>Men</i>	<i>Women</i>	<i>Total</i>
<i>Involutional Psychoses</i>			
Melancholia	2	9	11
Paranoid type.....	1	6	7
	3	15	18
	<u>1</u>	<u>2</u>	<u>3</u>
<i>Paranoid Condition</i>			
	<u>1</u>	<u>2</u>	<u>3</u>
<i>Psychoneuroses</i>			
Reactive depression.....	1	13	14
Hysterical type.....	....	2	2
Psychasthenia .....	....	4	4
Anxiety reaction.....	4	1	5
Mixed type.....	3	5	8
Hypochondriasis .....	....	1	1
	8	26	34
	<u>8</u>	<u>26</u>	<u>34</u>
<i>Psychoses with Psychopathic Personality</i>			
Depressive reaction	1	5	6
Paranoid episode .....	....	2	2
Pathological sexuality.....	....	1	1
Pathological emotionality.....	1	1	2
	2	9	11
	<u>2</u>	<u>9</u>	<u>11</u>
<i>Undiagnosed</i>			
Undifferentiated excitement.....	....	1	1
Unclassified	2	1	3
	2	2	4
	<u>2</u>	<u>2</u>	<u>4</u>
IV. WITHOUT PSYCHOSES			
Psychopathic personality (conduct disturbance)	3	2	5
Psychopathic personality (alcoholism)	2	1	3
Acute alcoholism .....	....	2	2
Chronic alcoholism.....	1	1	2
	6	6	12
	<u>6</u>	<u>6</u>	<u>12</u>
TOTAL.....	87	180	267
	<u>87</u>	<u>180</u>	<u>267</u>

TABLE III

CONSULTATIONS AND TREATMENTS BY GENERAL HOSPITAL STAFF

Routine Physical Examinations.....	233
Medical Consultations.....	107
Surgical Consultations.....	94
Chiropody Treatments.....	4
Skin Consultations.....	18
Endocrine Examinations.....	8
Gynecological Examinations.....	171
Ear, Nose and Throat Examinations.....	378
Eye Examinations	329
Urological Examinations	55
X-ray Therapy	1
Neurological Examinations	17

TABLE IV

DENTAL DEPARTMENT

New Patients examined.....	187
Times seen.....	676
Radiographic diagnosis of 14 films.....	154
Radiographic diagnosis of partial sets.....	31
Nerve vitality tests.....	9
Synthetic porcelain fillings.....	141
Gold alloy fillings.....	221
Gold fillings.....	3
Cement fillings.....	13
Temporary fillings.....	21
Prosthetic work (filing and fitting dentures, tightening clasps, taking impressions, re-cementing inlays and crowns).....	71
General treatments.....	159
Special treatment for gums.....	22
Full dentures.....	5
Partial dentures.....	2
Repair work in rubber.....	4
Repair work in gold.....	1
Bridgework (fixed).....	1
Extractions.....	79
Ether administered.....	3
Gas administered.....	1
Averton administered.....	1
Novocain injections.....	46
Root canal therapy.....	12

Dental Hygienist

New Patients examined.....	231
Times seen.....	803
Dental Prophylaxis.....	230
Follow-up treatments.....	245
Periodic examinations.....	31
Gum treatments.....	91
Hours assisting at chair.....	257
Hygiene instructions.....	235
Emergency treatments.....	83
Saline irrigations.....	39
Number of 14-film X-ray surveys.....	170
Number of single films.....	36

TABLE V
MOVEMENT OF POPULATION SINCE OPENING OF CLINIC

<i>Year</i>	<i>Number admitted</i>	<i>Number treated during year</i>	<i>Number discharged (including transfers)</i>	<i>Recovered</i>	<i>Improved and Much improved</i>	<i>Unimproved</i>	<i>Transferred to Westchester Division</i>	<i>Transferred to Other Hospitals</i>	<i>Discharged to Self</i>	<i>Discharged to Relatives or Friends</i>	<i>Died</i>	<i>Remaining at end of year</i>	<i>Total patient days for year</i>
1932	67	67	25	1	12	13	1	5	....	20	....	42	.....
1933	188	230	165	13	99	53	15	10	7	132	1	64	19,151
1934	184	248	185	13	102	67	18	20	19	122	3	63	22,436
1935	235	298	228	21	122	79	28	32	25	130	6	70	22,137
1936	283	353	277	23	178	70	40	33	29	162	6	76	22,708
1937	266	342	284	21	195	66	43	52	15	170	2	58	23,026
1938	267	325	249	24	174	48	37	32	14	161	3	76	23,738
Totals	1,490	1,863	1,413	116	882	396	182	184	109	897	21	....	.....

